



Student Medical Profile

Surname Given Name

Date of Birth..... Year level of entry

Medical Information

Emergency contact.....

Telephone.....

Does Your Child Suffer From?

Condition		Further Background Information	
Heart problems	[] Yes [] No	Has your child received any assistance from or been in contact with:	
Respiratory problems	[] Yes [] No	Guidance Officer	[] Yes [] No
Asthma / Other	[] Yes [] No	Counsellor	[] Yes [] No
Diabetes	[] Yes [] No	Psychologist	[] Yes [] No
Blood disorder	[] Yes [] No	Psychiatrist	[] Yes [] No
Epilepsy	[] Yes [] No	Psych. Analyst	[] Yes [] No
Recent illnesses	[] Yes [] No	Hearing Impaired Services	[] Yes [] No
Phobias	[] Yes [] No	Speech Therapists	[] Yes [] No
Allergies	[] Yes [] No	Visual Services	[] Yes [] No
Migraine	[] Yes [] No	Physically Handicapped Services	[] Yes [] No

Serious Illnesses, Operations and Accidents

Details.....

Permission to administer Paracetamol (for fever, minor aches and pains) [] Yes [] No

John Paul College reserves the right to administer emergency care, or refer a student to a medical practitioner or hospital should the situation arise.

I declare that the information given above is complete and accurate.

Signature of Parent / Legal Guardian **Dated**

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